

Report from Nov. 21, 2008

Cancer in Tennessee Appalachia Roundtable Discussion

Forty-four (44) people attended the Tennessee Comprehensive Cancer Control Coalition's (TCCCC) and the Rural Health Association of Tennessee's (RHAT) *"Cancer in Tennessee Appalachia Roundtable Discussion"* Nov. 21, 2008, at the Music Road Hotel in Pigeon Forge, Tennessee.

The Roundtable was supported by a \$2,500 grant from the Appalachian Regional Commission (ARC) with funding from both ARC and the Division of Comprehensive Cancer Control of the Centers for Disease Control and Prevention (CDC). The Roundtable was held immediately following the closing of RHAT's annual conference, which included a session entitled *"Cancer in Tennessee: Update: from the TN Cancer Coalition,"* featuring leaders of the TCCCC and the director of the Department of Health's Office of Cancer Surveillance.

Recruitment for the Roundtable began in late September 2008 with personal invitations sent to the chairs of the County Health Councils in the 20 Tennessee Appalachian counties with a death rate from malignant neoplasm in 2006 at least 25 percent higher than the state rate in 2006. (Anderson, Campbell, Claiborne, Clay, Cocke, Coffee, Cumberland, De Kalb, Fentress, Greene, Grundy, Hancock, Loudon, Overton, Polk, Roane, Smith, Sullivan, Unicoi, and White counties) The County Health Council chairs were asked to bring with them to the Roundtable a cancer survivor from their community. A second round of invitations was sent to the County Mayors and RHAT members of each of the same communities. The participant roster which follows shows representatives from 14 of these counties and four other Appalachian counties attended. A \$50 travel stipend was offered to those who did not have other reimbursement sources for mileage

Deborah Murph, president of RHAT, welcomed guests at a pre-meeting luncheon and facilitated self-introductions of all attending.

Trudy Stein-Hart, program manager of the Tennessee Comprehensive Cancer Control Program, opened the Roundtable with an explanation of the intent of the meeting and the agenda. A pre-test of attitudes and beliefs about cancer control and participant identification survey was completed and collected.

Dr. Martin Whiteside, director of the Tennessee Department of Health's Office of Cancer Surveillance, provided an Appalachian focused cancer data summary that showed that:

- In general, the Appalachian region of TN experiences an elevated cancer burden when comparing rural to urban areas, especially lung cancer.
- For TN, rural counties have statistically significantly increased cancer incidence and mortality rates compared to urban counties.

- The TN East region appears to be a major contributor to the observed rural vs. urban differences for overall cancer incidence and mortality, as well as the Upper and Mid Cumberland regions.
- No stage differences were observed at the state level, though at the TDoH regional level it was clear that rural counties displayed fewer advanced stage tumors.

A group discussion followed to identify participants' perceptions of what factors contribute to the increased cancer burden in TN Appalachian Counties. These included:

Race
 Type of work
 Access to health care
 Reluctance to seek health care
 Presence of Radon gas
 Proximity to nuclear plants
 Poverty and lack of health insurance
 Transportation
 Mistrust of medical community
 Fear of loss of control
 Religious beliefs – "God will take care of me."
 Lack of screening
 Lack of prevention education
 Lifestyle issues/norms: 1. Poor diet – not enough fruits and veggies and too much processed foods like bologna; 2. Lack of regular exercise; and 3. Smoking
 Cultural belief that you only go to the hospital to die

Oncology surgeon John Bell, M.D., past TCCCC state chair, had each attendee identify what works in his or her county to reduce the cancer burden and what one other thing would make a big difference. All responses are listed in the chart that follows. The top three listed in each column were mentioned several times.

What works in my community	One thing that we really need
<ol style="list-style-type: none"> 1. Coordinated school health and peer education in schools for healthy lifestyles 2. Community awareness generated by Relay for Life 3. Work-of-mouth success stories/survivor testimonials 4. Working through county health councils to emphasize preventative medicine 5. Making smoking cessation part of pre- and post-natal care 6. Mobile mammography 7. Health fairs 	<ol style="list-style-type: none"> 1. More, better and affordable health care and insurance 2. Positive, culturally appropriate health education 3. Ego-free coalition/partnership (of health council, hospitals, mayors, health department, churches, etc.) to build a healthy community 4. Smoking cessation programs and assistance 5. Access to screening 6. Access to information

<ul style="list-style-type: none"> 8. Smoking cessation assistance/medication offered through Health Department 9. Having insurance 10. Tobacco resistance education in schools 11. Education through a trusted source like faith-based health initiatives 12. Employers encouraging health care and healthy lifestyle choices 13. Survivor support groups 14. Collaboration between medical providers, the Health Department and county leaders for improved access to care. Called "Project Access and Volunteers in Medicine," program can provide specialty care 15. School nurses teaching children to trust health care professionals 16. Free nutrition, cooking and exercise classes 	<ul style="list-style-type: none"> 7. Legislation to protect children from second-hand smoke 8. Community involvement in setting good health examples 9. Public transportation 10. Better jobs that provide better insurance and preventative health coverage 11. More doctors 12. More professional education for health care providers 13. Understandable insurance benefits
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Bruce Behringer of the ETSU Office of Rural and Community Health and TC4 state co-chair, explained purpose of Appalachian Cancer Roundtable Discussions being held in several states: To engage Appalachian communities and state comprehensive cancer control coalitions in discussions and partnerships. He announced that two other Tennessee Roundtable applications are now being discussed: one from the Komen Affiliate in Tri Cities and another in the Development Districts in Tennessee and North Carolina.

TC4 state co-chair Dr. Debra Wujcik gave a brief overview of the coalition's history, mission and new 2009-2012 State Cancer Plan. This was followed by a group discussion of how TC4 and East Tennessee communities can work together to reduce the disparate burden of cancer in Appalachia. Suggestions included:

1. Advocating to protect and strengthen smoke-free legislation in Tennessee
2. Keeping communities informed of time-sensitive legislative issues that may be impacted by contacting local legislators
3. Providing cancer prevention education speakers to schools

Conclusion: Nine people submitted TC4 membership forms at the end of the meeting, and all completed the Roundtable's post test of attitudes and beliefs and took home copies of the 2009-2012 State Cancer Plan. All participants will be emailed the report generated from the Roundtable Discussion.